CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

DAYTIME TELEPHONE NUMBER

OPTIONAL: E-MAIL ADDRESS

COVER PAGE

A.R.B.
PERSONNEL MANAGEMENT BRANCH

A Public Document

(MIDDLE)

ZIP CODE

95814

S.

STATE

CA

Date Signed

Signature

2010 MAR 22 AM 8: 20

(916) 323-2514

Please type or print in ink.

NAME (LAST)	(FIRST)	
Adams	Linda	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	
1001 I Street, 25th Floor	Sacramento	
1. Office, Agency, or Court	No.	
Name of Office, Agency, or Court:		
California Environmental Protection Agency		
Division, Board, District, if applicable:		
Office of the Secretary		
Your Position:		
Secretary for Environmental Protection		
▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		
Agency: See Attachment C		
	٠, *	
Position: See Attachment C		
2. Jurisdiction of Office (Chec	k at least one box)	
☐ State	* **	
County of		
City of		
Multi-County		
Other	1	
3. Type of Statement (Check a	t least one box)	
☐ Assuming Office/Initial Date: _		
⊠ Annual: The period covered is Januthrough December 31, 2009.	uary 1, 2009,	
-or-		
O The period covered is/ December 31, 2009.	_/, through	
∠ Leaving Office Date Left: 02 / 0 (Check one)	3 / 10	
⊗ The period covered is January 1, date of leaving office.	, 2009, through the	
-or-		
O The period covered is/ the date of leaving office.	_/, through	
Candidate Election Year:		

4. Schedule Summary		
► Total number of pages including this cover page:6		
➤ Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the		
attached schedules:		
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)		
Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)		
Schedule B Yes – schedule attached Real Property		
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)		
Schedule D Yes – schedule attached Income – Gifts		
Schedule E 🔀 Yes – schedule attached Income – Travel Payments		
-or-		
No reportable interests on any schedule		
5. Verification		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
(100 01 1/1 0610)		

FPPC Form 700 Amendment (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC



(Check one)

Candidate

date of leaving office.

the date of leaving office.

Election Year: _

⊗ The period covered is January 1, 2009, through the

-or-O The period covered is ____/___, through

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink. A Public Document				
NAME (LAST)	(FIRST)	(MIDD	LE)	DAYTIME TELEPHONE NUMBER
Adams	Linda	s.		.(916) 323-2514
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1001 I Street, 25th Floor	Sacramento	CA	95814	
1. Office, Agency, or Cou	rt	4. Schedu	le Summar	·V
Name of Office, Agency, or Court:		Total number of pages		
California Environmental Protect	ction Agency	including this cover page:		
Division, Board, District, if applicab	24000 400 4000	► Check appl	icable schedu	les or "No reportable
Office of the Secretary		 ▶ Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules: 		
Your Position:				
Secretary for Environmental Pro	otection	е и		
► If filing for multiple positions, list position(s): (Attach a separate	additional agency(ies)/	Schedule A	-1	schedule attached ^{nership)}
Agency: See Attachment C			-2 Yes – s 10% or Greater Own	schedule attached nership)
Position: See Attachment C		Schedule B Real Property		schedule attached
2. Jurisdiction of Office (Check at least one box)	Schedule C Income, Loar and Travel Payn	ns, & Business P	schedule attached Positions (Income Other than Gifts
X State	7	Schedule D		schedule attached
County of		Income – Gift	:s	
City of		Schedule E		schedule attached
Other		1 h	-or-	-
	1900 10 to 1			
3. Type of Statement (Che	eck at least one box)	No repor	table interests	on any schedule
│	ite:/	Γ		
	-	5. Verificati	on	
Annual: The period covered is through December 31, 2009.	January 1, 2009,			e diligence in preparing this
-or-				this statement and to the best
O The period covered is December 31, 2009.	//, through		dules is true ar	ion contained herein and in any nd complete.
∠ Leaving Office Date Left:	2 , 03 , 10			ury under the laws of the State ping is true and correct.

Date Signed

Signature

signed statement with your filing official.)

Linda S. Adams Schedule D Income-Gifts Attachment A

3.)	02/25/09:
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NRDC Board of Trustees Reception - Program included Carol Browner as guest speaker

4.) 03/19/09:

Thank you flowers from Oxfam for Secretary Adams participation at the Sister on the Planet Day in Washington, D.C. on 03/03/09

10/02/09:

Climate Leaders Award Reception at the Governors' Global Climate Summit 2 in Los Angeles, CA

- 5.) 03/19/09:
 - Meals 10 States Border Governors Meeting, San Francisco, CA
- 6.) 04/22/09: Dinner Meeting China Green Companies Summit Beijing,China
- 7.) 04/27/09: Lunch Meeting China Green Companies Summit Beijing,China
- 8.) 08/18/09: California's Clean Cars Victory Reception Sacramento, CA

Linda S. Adams Schedule D Income-Gifts Attachment A

9.) 07/16/09: Working lunch meeting and toured the hotel for the Governors'

Global Climate Summit 2

09/08/09: Working lunch meeting and toured the hotel for the Governors'

Global Climate Summit 2

11/02/09: Aga Khan Luncheon at the Stanford Mansion

SCHEDULE D Income – Gifts

AMENDMENT

► NAME OF SOURCE	► NAME OF SOURCE
10.) Governor Arnold Schwarzenegger	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
State Capitol, Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Governor of California	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 / 09 _{\$} 35.00 Popcorn Tin	
12 / / 09 \$ 70.00 Flag Box	/\$
	/
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRĖSS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$ \$
NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Print Name Linda S. Adams
	Office, Agency or Court Environmental Protection Agency
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	Statement Type 2009/2010 Annual Assuming Candidate Candidate
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
\$	contained herein and in any attached schedules is true and complete.
\$	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
\$	Date Signed Machine (month, day, year)
	Signature JMMS, Haam

Comments: Note: "Schedule D Income-Gifts "Attachment A" added numbers six, seven and eight w/dates.

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE	► NAME OF SOURCE
7.) UC Berkeley-Center for Environment Public Policy	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2607 Hearst Avenue	
CITY AND STATE	CITY AND STATE
Berkeley, CA 94720	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Higher Education	
DATE(S): 08 / 23 / 09 - 08 / 26 / 09 AMT: \$ 1661.19	DATE(S):/ AMT: \$
(If applicable)	(If applicable)
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Airfare, Lodging & Subsistence	DESCRIPTION:
DESCRIPTION.	DESCRIPTION:
NAME OF SOURCE	Verification
ADDDESO (D	Print Name Linda S. Adams
ADDRESS (Business Address Acceptable)	
	Office, Agency or CourtEnvironmental Protection Agency
CITY AND STATE	
	Statement Type 2009/2010 Annual Assuming Leaving Q Og Annual Candidate
BUSINESS ACTIVITY, IF ANY, OF SOURCE	X (yr) Allitual Calididate
	I have used all reasonable diligence in preparing this statement. I have
	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
DATE(S):// AMT: \$	I certify under penalty of perjury under the laws of the State of
(п аррисаше)	California that the foregoing is true and correct.
TYPE OF PAYMENT: (must check one) Gift Income	Munah 14 2010
	Date Signed (month, day, year)
DESCRIPTION:	Vida G Adama
	Signature Signature Si
Comments: See Attachment B	